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APPLICANTS Heather Gillis, Sharon, MA; Kristin Watson, North Attleboro, MA;					
** CONTINUING DATA ***** None/QT					
** FOREIGN APPLICATIONS ***** None/QT					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/18/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		STATE OR COUNTRY MA	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature <i>[Signature]</i>		Initials	
ADDRESS 54964					
TITLE Compression apparatus					
FILING FEE RECEIVED 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		